

SECTION 3- INFORMATION ABOUT YOUR MEDICAL RECORDS, continued

If you are under age 18, do not complete question 3.F. or SECTION 4; skip to SECTION 5 - TESTS.

3.F. Does anyone else (for example, Workers' Compensation, insurance company, prisons, attorneys, or welfare agency) have medical records or information about your illnesses, injuries, or conditions, **within the last 12 months**? Also, provide this information if you are scheduled to see anyone in the future.

☐ YES (Complete the following information.)

☐ NO (Skip to SECTION 4.)

| | | | | |
|--|-------|-----|--|--|
| NAME | | | DATES | |
| ADDRESS | | | FIRST VISIT(within the last 12 months) | |
| CITY | STATE | ZIP | LAST VISIT | |
| PHONE () - (area code) (phone number) | | | NEXT APPOINTMENT | |
| CLAIM NUMBER (if any) | | | NAME OF CONTACT PERSON | |
| REASONS FOR VISITS | | | | |

If you need more space, use SECTION 10 - REMARKS.

SECTION 4 - MEDICATIONS

Are you taking any medications for your illnesses, injuries, or conditions?

☐ YES (Complete the following information. Look at your medicine containers, if necessary.)

☐ NO (Skip to SECTION 5.)

| NAME OF MEDICINE | IF PRESCRIBED, GIVE NAME OF DOCTOR | REASON FOR MEDICINE | ANY SIDE EFFECTS YOU HAVE |
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If you need more space, use SECTION 10 - REMARKS.